



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
EUGENE I. GESSOW, DIRECTOR

December 19, 2008

## GENERAL LETTER NO. 16-G-AP-24

ISSUED BY: Bureau of Policy Analysis and Appeals

SUBJECT: Employees' Manual, Title 16, Chapter G, Appendix, **DEPENDENT ADULT PROTECTIVE SERVICES APPENDIX**, forms:

470-3944 *Dependent Adult Abuse Notice of Intake Decision*, revised  
470-3326 *Dependent Adult Abuse Information Request*, revised  
470-3860 *Dependent Adult Abuse Checklist for Facility, Agency or Program*,  
revised

### Summary

This chapter is revised to update the following forms to reflect the name of the current director of the Department:

- ◆ 470-3944, *Dependent Adult Abuse Notice of Intake Decision*
- ◆ 470-3326, *Dependent Adult Abuse Information Request*
- ◆ 470-3860, *Dependent Adult Abuse Checklist for Facility, Agency or Program*

### Effective Date

Upon receipt.

### Material Superseded

Remove the following forms from Employees' Manual, Title 16, Chapter G, Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
470-3944 (after p. 8)	1/07
470-3326 (before p. 8a)	1/07
470-3860 (after p. 8b)	10/07

### Additional Information

Refer questions about this general letter to your service area manager.



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## DEPENDENT ADULT ABUSE NOTICE OF INTAKE DECISION

You made a report of suspected dependent adult abuse to the \_\_\_\_\_ county office on \_\_\_\_\_, regarding \_\_\_\_\_.

- ☐ The report of suspected dependent adult abuse you made has been accepted for evaluation or assessment. The report must be completed within 20 working days from the date of referral, unless an extension is granted for just cause.
- ☐ The report of suspected dependent adult abuse you made will **not** be evaluated by Department of Human Services protective service staff because:
- ☐ The person who is the subject of the suspected abuse is not a dependent adult.
  - ☐ The person alleged responsible for the abuse is not a caretaker of the dependent adult.
  - ☐ The reported allegation does not constitute dependent adult abuse under Iowa law.
  - ☐ The information provided is insufficient to infer that dependent adult abuse has occurred.
  - ☐ The reported allegation was previously accepted for evaluation or assessment on \_\_\_\_\_.

As a result of your report, we have forwarded information to:

- ☐ The county attorney's office  
☐ Law enforcement

Your concerns may best be addressed by you contacting:

- |   |  |
|---|--|
| <input type="checkbox"/> Community-based services   | <input type="checkbox"/> Local domestic violence center      |
| <input type="checkbox"/> Law enforcement            | <input type="checkbox"/> Local central point of coordination |
| <input type="checkbox"/> Local Area Agency on Aging | <input type="checkbox"/> Other services:                     |
| <input type="checkbox"/> An attorney                |  |

Thank you for bringing your concerns to our attention.

Sincerely,

\_\_\_\_\_  
Protective Services Supervisor

\_\_\_\_\_  
Date

## **FREQUENTLY ASKED QUESTIONS**

The purpose of the dependent adult abuse program is to provide the greatest possible protection to victims or potential victims of abuse through encouraging the increased reporting of suspected cases of dependent adult abuse and ensuring the thorough and prompt evaluation or assessment of these reports.

Making a report of dependent adult abuse may be a stressful event, since you may not fully know what action may come as a result of your report. The following are frequently asked questions:

### **What is dependent adult abuse?**

Iowa law identifies dependent adult abuse as any of the following, if it is the result of acts or omissions of the dependent adult's caretaker:

- ♦ **Physical abuse:** Physical injury to, or injury which is at variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- ♦ **Sexual abuse:** Commission of a sexual offense under the sexual abuse criminal chapters of the Code.
- ♦ **Financial exploitation:** Taking unfair advantage of a dependent adult's physical or financial resources for one's own personal or pecuniary profit, without the dependent adult's informed consent, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.
- ♦ **Denial of critical care:** Failing to provide adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.
- ♦ **Self denial of critical care:** The dependent adult fails to provide him or herself adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.

### **Is the dependent adult told who made the report?**

No. Iowa law does not permit the protective services worker or the Department to disclose who made the dependent adult abuse report. However, a court may order the Department to identify the reporter.

### **Will the dependent adult be removed from the current living arrangement?**

Removal of a dependent adult from the current living situation is considered to be a last resort. Removal is considered only if the dependent adult is in immediate need of medical or other care necessary to meet daily needs that cannot be met in the current living arrangement. The Department of Human Services does not have the legal authority to remove a dependent adult. If a removal is necessary, the Department must seek the assistance of law enforcement and obtain a court order.

### **What if I disagree with a decision to reject the report of suspected dependent adult abuse?**

A protective services supervisor makes the decision to reject a report of suspected dependent adult abuse. If you disagree with the decision to reject a report, you may request to speak with the human service area administrator.



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Date:

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## DEPENDENT ADULT ABUSE INFORMATION REQUEST

### CONCERNING:

I am conducting a dependent adult abuse evaluation or assessment on the above-named person. It has come to my attention that your records include information pertinent to the evaluation or assessment.

Iowa Code Chapter 235B, *Adult Abuse*, states that you may release this information to me without a signed release of information. Specifically, Section 235B.3, subsection 7 states:

“The department may request information from any person believed to have knowledge of a case of dependent adult abuse. The person, including but not limited to a county attorney, a law enforcement agency, a multidisciplinary team, or a social services agency in the state shall cooperate and assist in the evaluation upon the request of the department.”

The information that I need is:

I appreciate your cooperation in assisting our efforts to protect this person from dependent adult abuse. You may send the information to:



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## DEPENDENT ADULT ABUSE CHECKLIST FOR FACILITY, AGENCY OR PROGRAM

**DATE:**

**TO:** Facility, Program or Agency Director, Administrator, or Other Person in Charge

**ATTENTION:**

**FROM:** Department of Human Services

**SUBJECT:** Allegation of Dependent Adult Abuse in Facility, Program or Agency

There has been an allegation of abuse of a dependent adult in this facility, agency or program. It is necessary to arrange for the safety of any alleged victims and others that may be at risk of danger.

**Plan of action:**

- ☐ Arrange for safety of alleged victim and others
- ☐ Arrange interviews with alleged victim(s)
- ☐ Identify a contact person
- ☐ Identify others who need to be interviewed
- ☐ Other: \_\_\_\_\_

**Please arrange to make the following documents available to the DHS Protective Service Worker:**

- ☐ Table of Organization
- ☐ Staffing records for specified dates
- ☐ Relevant policy and procedure of facility, program or agency
- ☐ Relevant internal logs including medical logs
- ☐ Relevant incident reports
- ☐ Dependent adult's case record
- ☐ Internal review
- ☐ Other: \_\_\_\_\_

**Please arrange to make the following information from alleged perpetrator's personnel file available to the DHS Protective Service Worker:**

- ☐ Job description including requirements and responsibilities
- ☐ Clarifications, reprimands, and disciplinary actions
- ☐ Dependent adult abuse registry check and criminal history check
- ☐ Policy and procedure 'check list'
- ☐ Relevant training history
- ☐ Mandatory reporter training certificate
- ☐ Other: \_\_\_\_\_